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ABSTRACT

A national survey of adult basic education (ABE) teachers examined practitioners' perceptions of, and experiences with, health issues and topics in ABE classes. Of the 1,621 surveys mailed out, 636 (39%) were returned. Of the respondents, 41% taught in rural settings, 35% taught in urban settings, and 23% taught in suburban settings. Most (93%) of the teachers considered the adult learning setting an appropriate setting to teach and learn about health. Nutrition was the most common health topic to have been discussed in ABE classes. Those teachers who had included health units in their ABE classes viewed health lessons as enhancing skills in the areas of dialogue and discussion, vocabulary building, reading, language development, and critical thinking. Overall, those adult educators who had taught health gave health high ratings as a content area supporting curriculum goals. Although teachers' definitions of health literacy tended to focus on health information, the idea of functional health literacy appeared to be gaining greater attention. It was concluded that health educators must collaborate with adult educators to enlarge the concept of functional health literacy and include more emphasis on skills to promote medical communication, access to health services, and patient advocacy. (MN)

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National Center for the Study of Adult Learning and Literacy

ADULT EDUCATORS' PERCEPTIONS OF HEALTH ISSUES AND TOPICS IN ADULT BASIC EDUCATION PROGRAMS

by

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Harvard School of Public Health

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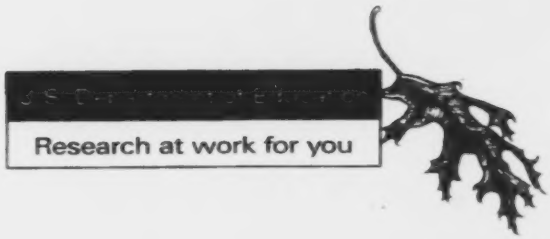

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Executive Summary

A national survey of adult basic educators was designed to explore practitioners' perceptions about and experiences with health issues and topics in adult basic education classes. Between March and April 1998 a total of 1,621 surveys were mailed to directors of adult education programs in 25 states, distributed among the four regions of the United States as used by the National Institute For Literacy (NIFL). Of the 1,621 surveys sent out, 636 were returned, yielding a response rate of 39%. Surveys were in approximately equal proportions in three regions of the United States: 34% in the Northeast, 36% in the South, and 34% in the West; however, the Midwest exhibited the highest return rate at 48%. Teachers from a variety of locales were well represented: 41% (256) reported teaching in a rural setting; 35% (217) in an urban locale, and 23% (145) taught in a suburban setting.

The vast majority of participating teachers (93%) viewed the adult learning setting as an appropriate setting to teach and learn about health. Nutrition led the top of the list as the most common health topic area to have been discussed in class. Teachers who had included health units viewed health lessons as enhancing skills in the areas of dialogue and discussion, vocabulary building, reading, language development, and in critical thinking. These educators also viewed health as having an advantage, relative to other topic areas, in terms of contributing to learner interest, participation, and motivation. Overall, the educators who had taught health gave high ratings on the scale that assessed the value of health as a content area to support curriculum goals.

Teachers' definitions of health literacy tended to focus on health information. However, the idea of functional health literacy is gaining greater attention in the public health arena. Health literacy may be defined as the ability to use written materials to function in health care settings and to maintain one's health and the skills needed to advocate for and request needed clarification.

Health educators need to collaborate with adult educators to enlarge the concept of functional health literacy and to include more emphasis on skills to promote effective medical communication (including dealing with informed consent), access to health services, and patient advocacy. Adult educators with experience in teaching health units need to collaborate with public health and medical professionals to develop curricula to foster functional health literacy with methodology that educators successfully apply to build basic skills.

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ADULT EDUCATORS' PERCEPTIONS OF HEALTH ISSUES AND TOPICS IN ADULT BASIC EDUCATION PROGRAMS

Survey Inquiry

A national survey of adult basic educators was designed to explore practitioners' perceptions about and experiences with health issues and topics in adult basic education classes. Between March and April 1998 a total of 1,621 surveys were mailed to directors of adult education programs in 25 states, distributed among the four regions of the United States as used by the National Institute For Literacy (NIFL).

Teachers were asked to offer information about their teaching experience, their teaching programs and their student population. Health related questions focused on the *health* of students, student interest in *health topics*, and teachers' perceptions of *health as a subject area*. In addition, teachers were asked questions about functional literacy and functional health literacy. One quarter of the questionnaire was addressed to teachers who had experience teaching health lessons or units in their classes. These teachers were asked to offer information about the subject areas taught and the time spent on task. In addition, they were asked to rate the extent to which the subject of health supported teaching goals across a number of key skill areas.

Sampling

Because neither state nor national based directories of adult educators exist, a sampling schema was developed to reach teachers of Adult Basic Education (ABE) or English for Speakers of Other Languages (ESOL) classes in each of the four regions of the country.

States selected within each region were those for which the state education office could provide a current and complete contact list of adult learning centers and directors. The selection of states was then based on geographic spread within the region. Subsequently, one addition was made to each of three regions (Northeast, South, and Mid-West) because of practitioner recommendations or because of a timely meeting bringing teachers to one location. The final sample included 25 states. Seven states were from the Northeast (Connecticut, Maryland, New Hampshire, New York, Pennsylvania, Rhode Island, Vermont), seven from the South (Arkansas, Georgia, Florida, Kentucky, Tennessee, Texas, Virginia),

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seven from the Midwest (Indiana, Kansas, Minnesota, Montana, North Dakota, Ohio, Wisconsin), and four from the West (California, Colorado, Montana, Washington).

Adult Education Programs within each state were randomly selected from a listing of adult learning centers that noted ABE or ESOL programs. Many states had fewer than 30 programs but for those with larger numbers, no more than 30 programs were selected. Within each center, participating teachers were selected by program directors.

Survey packets were mailed to selected centers, addressed to the center director. Each packet contained a letter to the center director requesting that survey material be given to three of the center teachers. This packet also contained a one-page overview of the National Center for the Study of Adult Learning and Literacy's (NCSALL) Health and Literacy Studies and a reprint from the December 1997 *Focus on Basics*, which highlighted content-based instruction. Each packet contained three envelopes for teachers. Each of the three teacher envelopes contained an explanatory cover letter, a survey form, and a pre-stamped return envelope. Two reminders were sent out to program directors, the first after three weeks, and the second after six weeks; however, no additional survey forms were mailed.

In total, 1,621 teacher surveys were sent out. The Northeast mailing consisted of 376 survey forms; the mailings to the Southern states included 409 survey forms; the mailings to the Midwest included 473 survey forms, and those for the West, 363 survey forms. Of the 1,621 surveys sent out, 636 were returned, yielding a response rate of 39%. This rate reflects the difficulties of surveying a population where no current list of potential respondents exists from which a sampling frame could be drawn. This situation forced a "snowball" approach: first contacting state education offices which provided whatever information was available on the addresses and phone numbers of adult learning center directors who in turn had to request the participation of adult education teachers. This approach to contacting potential respondents is less than ideal in terms of an expected response rate, and could probably be improved if state departments of education employ a system for listing adult education centers and current teachers that parallels the system in place for elementary and secondary education.

Methods

All quantitative data were entered in Microsoft ACCESS during the months of July and August 1998. Information from open-ended questions was entered in a word processing program for analysis using the NU-DIST

program. These data were analyzed for themes and categories, and a coding schema was developed for the open-ended questions based on this analysis. Coded data for the open-ended questions was subsequently entered on the main data set that contained the quantitative data. Preliminary data checks were conducted in Microsoft ACCESS.

Data were then transferred to statistical analysis software (SPSS for Windows) and underwent further inspection. Original data forms were referred to in order to resolve apparent data inconsistencies, and data were corrected according to the original responses on the survey forms if an error had originated from data entry. If the original survey mirrored the inconsistency (an indication that the respondent may have misunderstood the question), the data was set to missing in the main data set. Data analysis was performed in SPSS for Windows, and included descriptive statistics, chi square tests and analysis of variance.

Results

Surveys were received from all four regions of the country. Surveys were returned in approximately equal proportions in three regions of the United States: 34% in the Northeast, 36% in the South, and 34% in the West; however, the Midwest exhibited the highest return rate at 48%.

The Teaching Context

Teachers from a variety of locales were well represented: 41% (256) reported teaching in a rural setting; 35% (217) in an urban locale, and 23% (145) taught in a suburban setting. Less than two percent reported teaching in a setting that was a combination of these categories (e.g., suburban/rural).

The teachers were asked to approximate the size of the student populations served by the adult learning centers where they work, and their estimates ranged from a student body of three to a student body of 35,000. The average (mean) was 859. Teachers were also asked, through an open-ended question, to describe the student populations served by the centers. When these open-ended responses were categorized, results indicated that one-third (34%) described the student populations as racial/ethnic/immigrant groups, 22% described serving low-income groups, and an additional 14 % described students as low income *and* as members of racial/ethnic/immigrant groups. The remainder used "other" categorizations to describe the student populations.

The majority of respondents (80%) had five or more years of teaching experience. Only 9% had three to four years of teaching experience, and 11% had two years or less. Nearly one third (31%) reported that their primary teaching focus was on courses for adults preparing for a high school equivalency certificate (e.g., GED or pre-GED). More than one quarter (28%) reported a primary focus on courses for adults learning English as a Second Language (ESL). Nearly one quarter (22%) stated that their primary teaching focus was on courses for adults developing basic skills such as Adult Basic Education (ABE) or literacy classes. An additional 13% reported that their teaching focus was some combination of these three areas (GED, ESL, ABE), and 6% stated that their primary teaching focus was in yet another area (i.e., they checked "Other").

Extent of Influence

Teachers were asked several questions to assess the degree to which they feel they have influence on areas of their work. The response categories for these questions ranged from one to five, with "1" representing "Not at all" and "5" representing "To a great extent," as illustrated.

Not at all 1 2 3 4 5 To a great extent

Average values (means) are reported for these responses.

Question Area	Average
To what extent can you influence the content areas that you focus on?	4.2
To what extent can you modify existing curricula?	4.2
To what extent can you influence *how* you teach?	4.6

These data, along with the fact that at least 80% of respondents chose a "4" or a "5" for these three questions, indicate that teachers feel that they have a great deal of control over their teaching, including the content areas, the curricula, and how they choose to teach. These results are important in suggesting that teachers themselves would be appropriate contacts for efforts to encourage the inclusion of health content into adult education curricula since teachers report having a great deal of influence over these areas.

Functional Literacy

Using the same format (1 to 5 scale), teachers were also asked to what extent they focus on developing functional literacy skills in their adult basic education classes. Nearly three quarters (73%) selected a "4" or a "5," and the average was 4.0, indicating that the vast majority of teachers do focus on developing functional literacy skills. Teachers were asked whether they include

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specific areas of functional literacy in their teaching of basic skills, and only 4% reported not including any aspect of functional literacy. The percentages of teachers who reported including specific aspects of functional literacy are presented below.

Area of Functional Literacy	Percent
Employment (e.g., general work skills, filling out work forms)	86%
Economics (e.g., budgeting, paying bills, banking, insurance, shopping)	77%
Family life (e.g., helping children with homework, correspondence)	63%
Health (e.g., filling out forms, informed consent, prevention)	61%
Navigation (e.g., reading train/bus schedules, maps)	58%
Civics (e.g., voting procedures, citizenship forms)	55%
"Other"	17%

The most common aspect of functional literacy to be included in the teaching of basic skills is that related to employment and to economics, with more than three quarters of respondents reporting that they include these areas of functional literacy. Family life and health are next in the rank ordering, with nearly two-thirds of teachers reporting focusing on these areas of functional literacy in their teaching of basic skills. More than half of the teachers responding to the survey also reported spending time on navigation and civics in their classrooms.

Subject Areas of Interest to Students

Teachers were asked an open-ended question about what subject areas are of greatest interest to their students. More than half of the respondents (63%) noted that reading, writing, and math were of greatest interest to their students. These responses were coded as "basic curriculum" even though this category would not generally be considered a "subject area". Responses were grouped into the following categories: basic curriculum (e.g., reading, writing, math), work/civil life (e.g., citizenship, employment, work skills, computer skills), family life (e.g., health, economics, budgeting) school content (e.g., science, social studies, current events), and other (e.g., GED, drivers' training). The percentage of the sample citing each category is presented below.

Subject Area of Interest	Percent
Basic Curriculum (reading, writing, math)	63%
Work / Civil Life	39%
Family Life	33%
School Content	24%
Other	8%

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A majority of teachers (63%) viewed the basic curriculum as being of greatest interest to their students. Approximately one third of teachers viewed work civil life and family life to be of great interest to their students, and a quarter of the teachers mentioned school content.

Characteristics of Classes

For the remainder of the survey, teachers were asked to focus on only *one* of their current classes – to identify a class that seems representative of the ABE or ESL classes they have been teaching. The teachers were then asked to describe this "typical" class. More than half (60%) described it as an ABE class (an additional 2% characterized it as a combination ABE and other); nearly one third (31%) described it as an ESL class; and the remainder characterized this "typical" class as "Other." For the survey sample, classes met an average of 3.5 days a week (range from 1 to 7 days), for an average of 2.8 hours per class (range from ¾ of an hour to 8 hours), and an average of 26.7 weeks per year (range 1.5 to 52 weeks).

Characteristics of Students in "Typical Class"

Teachers were asked to estimate the percentage of adult learners in particular age groupings. Nearly two-thirds (63%) reported a majority of their students fell into the 25 to 49 year age group; more than a quarter (29%) stated that the majority of their students were under age 25. Nearly three quarters of the teachers (72%) reported that the majority of their students were women (the sample average was 63.7% of the students are women). More than half of the teachers characterized the skill level of the students as "intermediate," 22% described the level as "basic," and 13% characterized it as "advanced." The remainder reported some combination of skill levels.

Student Health

Teachers were asked to gauge the health of the adult learners whom they taught, and were provided a scale of 1 to 4 (1=excellent, 2=good, 3=fair, 4=poor). Half of the teachers (51%) characterized their students' health as "good," and only 4% described it as "excellent." A very small percentage (3%) said the health of their students was "poor," but more than a third (38%) characterized it as "fair" (a category that falls short of "good"). The remaining 4% said they "cannot determine" the health of their students. Teachers were also asked to assess to what extent that learners' health problems interfere with their learning, and were provided with the following scale:

Not at all 1 2 3 4 5 To a great extent

The sample average was 3, with only about one third of teachers selecting either a "4" or a "5." With the predominance for selecting middle categories in the previous two questions, it appears that, overall, teachers generally view their students as having average health – neither extremely healthy, nor seriously impacted by health problems. When asked to describe the major health problems encountered by their students, the following health problems were most frequently mentioned.[1]

Health Problem Area	Percent Mentioned
General health promotion (e.g., hygiene, nutrition, exercise, smoking)	32%
Chronic disease	20%
Alcohol and other drugs	16%
Physical disabilities	12%
Mental health	11%
Eyesight/hearing	10%

In addition, 23% of the teachers described some "other" health problem area. Based on the low percentages mentioning specific health problems, no single problem predominates among learners working with this sample of teachers.

Health as a Topic Area for Education

Teachers were asked to what extent their students are interested in talking, reading, or writing about health topics, and were provided with the following scale:

Not at all 1 2 3 4 5 To a great extent

More than a third of the sample (35%) selected either a "4" or a "5," with the sample average being 3. The same scale was also used when teachers responded to a question about the extent to which health topics and issues are discussed in their classes. Only 22% selected a "4" or a "5" (the average was 3), yet 65% of teachers reported having used health lessons in their teaching.

1 Of the sample, 138 teachers did not respond to this question, most often stating they "did not know".

There was widespread support among the teachers in this sample for incorporating health topic areas in the curricula of adult learning classes: 93% affirmed that the adult learning setting is an appropriate place to teach and learn about health. In the open-ended responses, almost half of the teachers (43%) mentioned that teacher concerns would need to be addressed before teachers could be comfortable teaching health lessons in their classes. About a third (34%) cited student concerns, and a little more than a quarter (28%) mentioned curriculum and materials development among the concerns that must first be addressed before including health lessons. System-wide concerns were mentioned (as an area that needed to be addressed) by 14% of the teachers surveyed (in previous comments, 32% had listed system-wide concerns as a major barrier to addressing health topics in their classroom work).

Functional Health Literacy

Teachers were asked to define functional health literacy. Responses were grouped into five categories, and the percentage of teachers mentioning each category in their definition is presented below.

Area of Functional Health Literacy	Percent
Health information (e.g., how to eat well, good hygiene)	65%
Medical communication/vocabulary	27%
Access to health services/care	20%
Advocacy or action (e.g., asking for needed information or services; working with others to change current practices)	1%
"Other" area	4%

These same groupings were used to categorize teachers' responses to the open-ended question about which skills or content areas would they include in a unit on functional health literacy.

Area of Functional Health Literacy	Percent Would Include
Health information (e.g., how to eat well, good hygiene)	65%
Medical communication/vocabulary	31%
Access to health services/care	23%
Advocacy or action (e.g., asking for needed information or services; working with others to change current practices)	1%
"Other" area	5%

Clearly, health information about topics such as nutrition or about specific diseases such as AIDS, predominates in teachers' thinking about functional health

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literacy with approximately two-thirds of teachers mentioning it in their definition and the same proportion stating that health information is a content area they would include in a unit on functional health literacy. Only 1% of teachers mentioned the advocacy/action content area either in their definitions or among the areas to include in the unit they would teach on functional health literacy.

Teachers' Experiences with Health Lessons

Several pages of questions in the survey were addressed only to those teachers who had already taught health lessons or units in their adult learning classes. A total of 324 teachers answered at least one question in this section of the survey (response rates vary by question). Teachers were first asked what health topics and issues have been discussed in their classes. The topic areas are listed in descending order of the percentage of teachers having discussed them in class.

Health Topic Area	Percent of Respondents noting each topic area
Nutrition	80%
Child and family health	69%
Exercise	61%
Alcohol use	55%
Stress reduction	55%
Talking with doctors	54%
Disease prevention	53%
Drug Use	48%
HIV/AIDS	44%
Cancer	33%
Violence	33%
Health insurance	29%
Reproductive health	26%

Nutrition is the most common health topic area for discussion in adult learning classes, with 80% of teachers reporting having discussed it in their class. Roughly two thirds of the teachers who have taught health reported having discussed child and family health as well as exercise. Slightly over half have discussed alcohol use, stress reduction, talking with doctors and disease prevention; and drug use was discussed in almost half of the teachers' classrooms. Less than half discussed HIV/AIDS, cancer, violence and health insurance. The

least commonly discussed health area, with only a quarter of the teachers discussing it, is reproductive health.

More than half (61%) of the teachers had developed their own health lesson plans when they taught health lessons or units, and the remainder used and/or modified existing lesson plans. These teachers spent an average of 8.6 hours of class time, 9.1 class meetings, and 6.8 weeks on health lessons or units.

Teachers' Views on Contribution of Health Lessons to Curriculum Goals

An important area of research interest was the extent to which a focus on the subject of health supports teaching goals. Teachers were asked to consider the most recent health lesson taught, and for each skill area, to assess the extent to which the health lesson "distracted from" or "enhanced" the development of the skill. The scale appeared as presented below:

Health unit distracted from	1	2	3	4	5	Health unit enhanced

The percent selecting a "4" or "5" and the average response values are presented in the table below for each of the 13 skill areas.

Skill Area	% Selecting 4 or 5	Average of Responses
Dialogue and discussion	90%	4.5
Vocabulary building	80%	4.2
Reading	77%	4.1
Language development skills	77%	4.1
Critical thinking skills	73%	4.0
Essay writing	49%	3.4
Presentation skills	48%	3.5
Interview skills	47%	3.4
Research skills	40%	3.2
Numeracy skills	39%	3.3
Story writing	38%	3.2
Note taking	36%	3.3

Among teachers who have taught health lessons, there is a widespread belief that health units enhance the development of dialogue and discussion. The vast majority also believes that such lessons contribute to vocabulary building, reading, language development, and critical thinking skills. Approximately half of the teachers selected a "4" or a "5" (indicating that health unit enhanced skill development) for essay writing, presentation, and interview skills. Less than half

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chose responses that indicated the belief that the health lessons enhanced the development of research, numeracy, story writing, and note taking skills.

Survey respondents were asked to use the following scale to rate the value of health as a content area to support curriculum goals:

Low (of minor value) 1 2 3 4 5 High (of major value)

Three out of four teachers (74%) selected a "4" or a "5," with an average value of 4.0 across all teachers who had taught health lessons. Further support for the inclusion of health topics was evidenced by the 83% of these teachers who affirmed that there are added benefits from a focus on health as a topic (as opposed to another topic). Benefits included interest value, writing and discussion opportunities. The majority of teachers (67%) stated that there are no added problems from a focus on health. Those who did list problems highlighted issues related to cultural sensitivity, students' sensitivities, and time.

To gauge how health lessons are viewed in relation to other content areas, teachers were asked to rate the general value (based on teaching goals) of the health unit compared to a unit on other topics. Respondents were provided with the following scale:

Less than other (non health) topics 1 2 3 4 5 More than other (non health) topics

The percent selecting a "4" or "5" and the average response values are presented in the table below for each of the eight areas of inquiry.

Contribution Area	% Selecting 4 or 5	Average of Responses
Learner interest	62%	3.6
Learner participation	60%	3.6
Learner motivation	58%	3.6
Class friendship bonds	34%	3.3
Attendance	30%	3.3
Community involvement	25%	2.9
Job preparation	22%	2.8
Citizenship	11%	2.6

Teachers viewed health units as having a relative advantage over other topic areas in contributing to three areas: learner interest, participation, and motivation.

Interrelationships between Variables: Factors Related to Having Taught Health Units

Bivariate analyses (chi square tests and analyses of means) were used to assess factors that may be related to whether health lessons had been taught. Chi square tests revealed that those with more teaching experience were more likely to have taught health lessons ($p=.001$, d.f.=2); 68% of those teachers who had taught five years or more had taught health lessons compared to 60% of those with 3-4 years, and 45% of those who had taught only 1 or 2 years. Primary teaching focus was also significantly associated with having taught health units ($p<.001$, d.f.=2), with the ESOL setting generating the greatest proportion of teachers who said that they had taught health units (80% of teachers who said their primary teaching focus is ESOL said they had taught health lessons, compared to 60% of teachers whose primary focus was ABE, and 53% of GED teachers). This finding may indicate use of health lessons within ESOL life skills curriculum. Those teachers who had taught health lessons were more likely to have reported a greater focus on developing functional literacy skills in their classes ($p<.001$).[2] Not surprisingly, viewing adult learning classes as an appropriate place to learn about health was associated with having taught health ($p<.001$, d.f.=1).[3] Locale (urban, suburban, rural) was not related to having taught health ($p=.82$).

Factors Related to Perceptions of Student Interest in Health Topics

Another set of bivariate analyses were conducted examining the relationship between the teacher rating of the extent of student interest in health topics (from "1" indicating "Not at all" to "5" indicating "To a great extent") and selected factors. Perceptions of student interest in health was related to age of students served: teachers who said that the majority of their students were older students were more likely to indicate a higher rating of student interest in health ($p<.001$, d.f.=8). Less than a quarter (23%) of teachers who said the majority of their students were under 25 selected a "4" or a "5" score on the scale indicating student interest in health, compared to 39% of teachers serving students 25-49, and 73% of teachers who said the majority of their students were ages 50 and

2 One way ANOVA was used to compare the mean scores on a scale indicating the extent to which teachers focused on developing functional literacy skills. The scale ranged from 1 (Not at All) to 5 (To a Great Extent), and the average scores of those who had taught health were compared with the average scores of those who had not.

3 Among those who viewed the adult learning class as an appropriate place to learn about health, 69% had taught health lessons; among those who said that the adult learning class was not appropriate for learning about health, only 27% had taught health units.

older.[4]

A statistically significant relationship was also observed between teacher perceptions of student interest in health topics and teacher ratings of the extent to which health problems interfere with their learning ($p<.001$, d.f.=16). The Pearson correlation was .20 (and was significant at the $p=.01$ level), indicating that higher levels of perceived student interest in health were associated with ratings indicative of greater interference from health problems. Interestingly, teacher ratings of the "health of their adult learners ("excellent," "good," "fair," or "poor") were not significantly related to perceived student interest in health ($p=.33$, d.f.=12), although the trend was in a direction consistent with poorer health being associated with higher levels of student interest.

Primary teaching focus was also related to perceived student interest in health topics ($p<.001$, d.f.=8). More than half (56%) of the teachers whose primary teaching focus was ESOL selected a "4" or "5" on the student interest in health scale (indicative of high level of student interest), compared to 28% of teachers whose primary focus was ABE, and 20% of teachers whose focus was GED.

In bivariate testing, the gender composition of the student body (i.e., whether a majority of students were male or a majority of students were female) was not related to perceptions of student interest in health topics ($p=.61$, d.f.=4).

Summary

In this national survey of adult educators, the vast majority of teachers (93%) viewed the adult learning setting as an appropriate setting to teach and learn about health; however, teachers tended to estimate student interest in health topics to be in the middle range (only 35% selected responses that indicated a high level of student interest in health topics). Perceptions of higher levels of student interest in health was associated with having the majority of the student body be in the older age groups, higher ratings on the extent to which health problems interfere with learning among their students, and primary teaching focus on ESOL.

Most adult educators (65%) had taught health units, spending an average of 8.6 hours of class time on health. Respondents with more teaching experience

4 Caution is advised in the interpretation of the 73% figure since the number of teachers in this category is very small (only 11 teachers reported that the majority of their students are age 50 and older). However, this figure of 73% is consistent with the trend observed across all three age groups.

were more likely to have taught health units, as were teachers whose primary teaching focus was ESOL, and teachers who reported a greater focus on developing functional literacy skills.

Nutrition led the top of the list as the most common health topic area to have been discussed in class. Child and family health and exercise were two other areas that were commonly discussed during health classes. Among the educators who had taught health, nearly two thirds (61%) had developed their own health lesson plans.

Teachers who had included health units viewed health lessons as enhancing skills in the areas of dialogue and discussion, vocabulary building, reading, language development, and in critical thinking. These educators also viewed health as having an advantage, relative to other topic areas, in terms of contributing to learner interest, participation and motivation. Overall, the educators who had taught health gave high ratings on the scale that assessed the value of health as a content area to support curriculum goals.

The adult educators in this survey reported having a great deal of influence over the curriculum and selection of content areas. Most respondents work toward developing functional literacy skills in their classrooms, and 61% stated that they address health in particular. Most (65%) defined functional health literacy in terms of understanding health information. More than on quarter of the teachers (27%) include medical communication and vocabulary building skills but very few (1%) see patient advocacy as part of functional health literacy.

Discussion

Survey findings support an active partnership between the education and health sectors. Adult learners are interested in health topics, and teachers report that a focus on health supports their classroom goals and objectives. However, building health knowledge among adult educators may not be the most productive outcome of a partnership for literacy and health efforts. Instead, the adult educator and the health educator could bring their expertise to the table and together contribute to an effort to build functional health literacy. Limited literacy skills inhibit the ability to access health and medical information, including much of the currently available health promotion and patient education materials, patient rights and informed consent documents, materials describing insurance or health care plan options, as well as directions for very specialized language. Commonly held expectations about reading ability and social stigma that often follows discovery of perceived or actual limited literacy skills may serve to inhibit disclosure, promote silence, and further constrain efforts to seek

information or request assistance. Consequently, we are defining functional health literacy as the ability to use written materials to function in health care settings and to maintain one's health and the skills needed to advocate for and request needed clarification.

In support of such a partnership, strategies need to be developed to enlarge the concept of functional health literacy among adult educators beyond health information to include more emphasis on skills to promote effective medical communication (including dealing with informed consent), access to health services, and patient advocacy. At the same time, adult educators with experience in teaching health units need to be involved in collaborations with public health and medical professionals to develop curricula to foster functional health literacy with methodology that they successfully apply to building basic skills.

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NCSALL

National Center for the Study of Adult Learning and Literacy

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